# FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

SEC Mail Processing Section

CTF 21 LUUU

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

1446529
11100

OMB APPROVAL

OMB Number: 3235-0076

Expires:

Estimated average burden hours per response.....16.00

SEC U	SE ONLY
Prefox	Serial
DATE	RECEIVED
1	1

Magningian, DC UNIFORM LIMITED OFFERING EXEMI	PTION
Name of Offering (1) check if this is an amendment and name has changed, and indicate change.)	
Equilibrium Partners I, L.P Limited Partnership Interests	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	☐ ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	08061160
Equilibrium Partners I, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1120 NW Couch St., Suite 610, Portland, OR 97209	503-802-6652
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Investment Fund	
Type of Business Organization	lease specify) PROCESSED
	lease specify) 1 NOCLOOLD
business trust limited partnership, to be formed	
Month Year	OCT 0 2 2008
Actual or Estimated Date of Incorporation or Organization: O.6 D.8 D. Actual D. Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	
CN for Canada; FN for other foreign jurisdiction)	THOMSON REUTERS

## GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filling of a federal notice.

## A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years: Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter Beneficial Owner Executive Officer Director $\square$ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Equilibrium GP I, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 1120 NW Couch St., Suite 600, Portland, OR 97209 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) David Chen Business or Residence Address (Number and Street, City, State, Zip Code) 1120 NW Couch St., Suite 610, Portland, OR 97209 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) William Campbell Business or Residence Address (Number and Street, City, State, Zip Code) 1120 NW Couch St., Suite 610, Portland, OR 97209 Check Box(es) that Apply: Promoter □ Reneficial Owner □ Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) **Bullitt Foundation** Business or Residence Address (Number and Street, City, State, Zip Code) 1212 Minor Ave., Seattle, WA 98101 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Jeld-Wen Foundation Business or Residence Address (Number and Street, City, State, Zip Code) 3250 Lake Port Blvd., Klamath Falls, OR 97601 Beneficial Owner Executive Officer Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) James Youngren Business or Residence Address (Number and Street, City, State, Zip Code) 1649 Olga Rd., Eastsound, WA 98245 Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				B, I	NFORMAT	ION ABOI	T OFFER	ING.	E. 16,24	ráya-y- u,	,	
<u></u>	<u> </u>	<del></del>									Yes	No
i. Has th	ie issuer sol	ld, or does t	the issuer i	ntend to se	ell, to non-	accredited	investors i	n this offe	ring?		<b>C</b>	<b>2</b>
•	Answer also in Appendix, Column 2, if filing under ULOE.									20	0.000.00	
2. What	is the minic	num investr	nent that v	vill be acce	pted from	any indivi	dual?	*.***********		/***********************************	\$ <u></u>	0,000.00
3. Does	the offering	permit ioin	nt ownersh	ip of a sini	gle unit?						Yes [v͡]	No ∏
	the informa	-										w
comm If a pe or stat	ission or sin rson to be li es, list the n er or dealer	nilar remune sted is an as ame of the l	cration for sociated po broker or d	solicitation crson or ag caler. If m	of purchasent of a bro ore than fiv	sers in conn ker or deale e (5) perso	ection with or registere ns to be lis	n sales of se d with the ted are asse	curities in SEC and/o	the offerin with a sta	g. Ic	
Full Name	(Last name	first, if ind	lividual)									
Business o	r Residence	Address (	Number on	d Street C	ity. State	Zin Code)				··········	··-	·
					,,,	,,						
Name of A	ssociated B	roker or De	aler						· ·			
States in W	hich Perso	n Listed Ha	s Solicited	or Intend	s to Solicit	Purchaser:	<u> </u>					
(Chec	k "All State	s" or check	individus	States)							. 🗆 А	Il States
[A]	[AK]	(AZ)	AR	[CA]	<u>co</u>	(Cr)	DE]	(DC)	FL)	[CA	- HI	ന്ത്
Ai.		TA	(KS)	KY)	(LA)	ME	MD	MA	MI	GA MN	MS	MO
MT	NE	NV	NH	NJ)	NM	NY)	(NC)	ND	OH	OK)	OR	PA
RI	(SC)	SD	TN	(TX)	UT	VT	(VA)	WA	WV	WI	WY	PR
Full Name	(Last name	first, if ind	lividual)		<del></del>	· <del>············</del>	<del></del>	<u> </u>	<del></del>	<del></del>	<del></del>	<del></del>
Business (	r Residence	e Address (	Number at	od Street C	City, State	Zin Code)						
Name of A	ssociated B	roker or De	aler									
States in W	hich Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	<del></del>	<del> </del>	<u>.</u>	·········		<del></del> -
	c "All State					_					. 🗆 AI	I States
(AL)	AK IN	[AZ]	(KS)	CA KY	CO LA	CT ME	(DE)	(DC) MA	FL MI	GA MN	HI)	MO]
MT	NE	NV.	NH NH	[KI]	NM)	(MZ)	[NC]	ND)	OH)	OK	OR IMP	PA]
RI	SC	SD	TN	TX	UT	(VT)	(VA)	WA	WV	WI	WY	PR
Full Name	(Last name	first, if ind	ividual)							<del></del>		
Business o	r Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Name of A	ssociated B	roker or De	aler	<u>.</u> .					<del>,</del> -	<del></del>	,	<del></del> -
States in W	hich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers					······································	
	"All State								**********	*>=====	AI	1 States
ΙΛL	AK	AZ	AR	CA	(CO)	CT	(DE)	DC	FL	(G∧)	田	(ID)
	(N)	[A]	(KS)	KY)	LA	ME	MD	MA.	( <u>MI</u> )	MX)	MS	MO
MT	NE	NV	NFI	[K]	NM	NY	NC)	DM	<u>OH</u>	OK)	OR	PA
RI	SC	SD	TN	TX	UT	$\nabla T$	VA	WA	WV	WI	WY	PIR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	<b>S</b>	\$
	Equity		
	Common Preferred		<u> </u>
	Convertible Securities (including warrants)		\$
	Partnership Interests		\$ 5,000,000.00
	Other (Specify)		\$
	Total	5,000,000.00	
	Answer also in Appendix, Column 3, if filing under ULOE.	<b>'</b>	<b>4</b>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	7	\$_5,000,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		<b>\$</b>
	Printing and Engraving Costs		\$
	Legal Fees	<b>[Z</b> ]	\$_50,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	_	\$ 50,000.00

٠.	C. OFFERING PRI	CE, NUMBER OF INVESTORS, EXPENSES AN	D USE OF PROCEEDS.	41-
	and total expenses furnished in response to	egate offering price given in response to Pari C — Part C — Question 4.a. This difference is the "ad	justed gross	s4
5.	each of the purposes shown. If the amount	I gross proceed to the issuer used or proposed to unt for any purpose is not known, furnish an e: he total of the payments listed must equal the adj se to Part C — Question 4.b above.	stimate and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		S	
	Purchase, rental or leasing and installation		<u> </u>	
	Construction or leasing of plant building	s and facilities	S	- D\$
	offering that may be used in exchange for	ng the value of securities involved in this or the assets or securities of another		
			_	
	Working capital		5	s
	Other (specify): investments, manage	ment fees and other expenses	[] \$	7,7 <i>5</i> 90
			🗀 \$	. 🗆 \$
	Column Totals		s <u>0.00</u>	. ∑2 <u>~~~</u> . . ∑3 <u>~~~</u> .
	Total Payments Listed (column totals ad	ded)	🔀 \$ <u>·</u>	. 4,95
		D. FEDERAL SIGNATURE	,	,
sigr	nature constitutes an undertaking by the iss	ned by the undersigned duly authorized person. I suer to furnish to the U.S. Securities and Exchar y non-accredited investor pursuant to paragraph	nge Commission, upon writte	
ssu	ner (Print or Type)	Siedatore ////	/ Date /	//
	uilibrium Partners I, L.P.	awexausa	September	2008
Var	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
Villi	iam Campbell	Authorized Signatory		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

`-	E. STATE SIGNATURE			_
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No <b>K</b>	

- See Appendix, Column 5, for state response.
- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	I Sin Alberta Alberta
issuer (Print or Type)	Signatute / // Date
Equilibrium Partners I, L.P.	September S. 2008
Name (Print or Type)	Title (Print or Type)
William Campbell	Authorized Signatory

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or hear typed or printed signatures.

				AP	PENDIX					
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and amount purchased in State  (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ									[,	
AR										
CA	:								1	
со										
СТ										
DE								<u> </u>		
DC		1								
FL										
GA									<u> </u>	
ні										
ID										
IL										
IN										
IA										
KS										
KY								Γ		
LA										
ME										
MD		1	-					_:		
MA										
MI									<u> </u>	
MN									'	
MS										

L					ENDIA				
1	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT			•				,	<u> </u>	
NE									
NV	<del>'</del>								
NH									
NJ									
NM									
NY									
NC									
ND									
ОН		T	J -						
ок			·						
OR		×	Limited Partnership Interests \$2,500,000	3	\$2,500,000	0	\$0.00		×
PA								<u></u>	
RI			,						
SC									
SD			<u> </u>						
TN									
TX									
UT			-						
VT									
VA									
WA		×	Limited Partnership Interests \$2,500,000	4	\$2,500,000.	0	\$0.00		×
wv							·		
WI	•								

APPENDIX

				APP	ENDIX					
1		2	3		4					
	to non-a	d to sell accredited as in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and expanded amount purchased in State was			(if yes, explan waiver	ate ULOE attach ation of granted) -Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY								į		
PR										

